

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 15276

FILED MAY 15 1953

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5977 Registrar's No. 65

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| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aldrich B. R. 1 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aldrich 0840 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence | | d. STREET ADDRESS (If rural, give location) R. R. #1 0 | |

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| 3. NAME OF DECEASED a. (First) MARY (Type or Print) | | b. (Middle) ELIZABETH | | c. (Last) HENSLEY | | 4. DATE OF DEATH (Month) (Day) (Year) May 2, 1953 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH Jan. 7, 1871 | |
| 9. AGE (In years last birthday) 82 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY home | | 11. BIRTHPLACE (State or foreign country) Aldrich, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Henry Owen | | 13b. MOTHER'S MAIDEN NAME Susan Nugent | | 14. NAME OF HUSBAND OR WIFE Tom Hensley | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Everett Hensley Aldrich, Mo. | | ADDRESS | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scutality DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Apr 28, 1953, to Only, 19, that I last saw the deceased alive on Apr 28, 1953, and that death occurred at 7:25 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE J. Hensley M.D. 0 | | (Degree or title) | | 23b. ADDRESS Walnut Grove, Mo. | | 23c. DATE SIGNED May 4-53 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 4, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge | | 24d. LOCATION (City, town, or county) (State) Aldrich, Mo. | |
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| DATE REC'D BY LOCAL REG. May 7, 1953 | | REGISTRAR'S SIGNATURE Ralph Horden | | 25. FUNERAL DIRECTOR'S SIGNATURE Brim - Daniel | | ADDRESS Walnut Grove, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

MAY 27 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Joseph L. Tavel
Licensed Embalmer No. *4702*
P. O. Address *Rob Grove, Mo*

(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.